

**DECLARATION OF INTENTION TO ACCEPT
CAMPAIGN CONTRIBUTIONS**

Year of Election: _____
Date of this Filing: _____

Candidate (Full Name): _____

Candidate Address: _____

Telephone Number(s): () _____

Give Name of Office Sought: (include district, post, or judicial circuit)

State

County

Municipal

Name of Incumbent: _____

For Office Use

Campaign Committee
Chairperson (Full Name): _____

Chairperson Address: _____

Telephone Number(s): () _____

Treasurer (Full Name): _____

Treasurer Address: _____

Party Affiliation (Optional):
Democrat Republican Other or None

SIGNATURE OF CANDIDATE